

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09-423023

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1					
TOTAL DEP.	2	↓	3	↓		↓
TOTAL CLAIMS	3		4			

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IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.			
TOTAL DEP.		↓	↓
TOTAL CLAIMS			↓